

## Chris Aquino

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**From:** Washington Metropolitan Area Transit Commission [administrator@wmatac.gov]  
**Sent:** Wednesday, January 04, 2012 11:09 AM  
**To:** Chris Aquino  
**Subject:** 2012 Annual Report - WMATC No: 1356, Carrier Name: Simon Transportation, LLC

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### Washington Metropolitan Area Transit Commission 2012 Carrier Annual Report Form

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#### **NEW THIS YEAR:**

- Annual reports can now be filed online at [www.wmatac.gov](http://www.wmatac.gov). Annual fees can also be paid online using a credit or debit card. Your username and password is required to access e-filing.
- Carriers holding U.S. Department of Transportation authority must now indicate their USDOT number. Also, carriers must indicate whether each vehicle in their fleet is equipped with a wheelchair lift or ramp.

#### **FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2012, must file a complete 2012 annual report and pay a \$150 annual fee on or before **January 31, 2012**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **late fee** pursuant to Regulation No. 67-03. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2012.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

**1. ANNUAL REPORT OF:**

**WMATC No.:** 1356

**USDOT No.:**

**Name of Carrier (as shown on certificate of authority):** Simon Transportation, LLC

**Principal Place of Business**

**Street Address:** 10013 Moreland St

**City:** Fort Washington

**State:** MD

**Zip:** 20744

**Mailing Address (if different from street address)**

**Street:**

**City:**

**State:**

**Zip:**

**Telephone Number:** (301)379-1063

**Other Telephone:** (240)606-0680

**Fax Number:** (240)318-3185

**E-mail:** [howie.simon1@yahoo.com](mailto:howie.simon1@yahoo.com)

**2. CARRIER CONTACT PERSON** (at mailing address to whom we should direct inquiries):

**Name:** Howard Simon

**Title:** President/Owner

**Telephone Number:** (301)379-1063

**Other Telephone:** (240)606-0680

**Fax Number:** (240)318-3185

**E-mail:** [howie.simon1@yahoo.com](mailto:howie.simon1@yahoo.com)

**3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS**

\*(Complete section 3 only if the principal place of business in section 1 is outside the Metropolitan District):

The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

**Name of Registered Agent for Service of Process:**

**Agent Address:**

**City:**

**State:**

**Zip:**

**Telephone Number:**

**E-mail:**

